

**UNIVERSITY OF LOUISIANA AT LAFAYETTE GRADUATE SCHOOL
CONFIDENTIAL FINANCIAL INFORMATION FORM**

International students must be able to furnish proof of financial responsibility to meet educational and living costs. The University cannot guarantee financial support to international graduate students or assume responsibility for obtaining financial aid. To view a list of estimated expenses, please visit <http://gradschool.louisiana.edu/?q=fif>. An I-20 or DS-2019 for graduate admission will not be issued unless this financial form is completed and returned, along with the necessary supporting documents verifying required funds.

Section I: General Information

Last Name / Surname _____	First / Given Name _____	Student ID Number _____
Street or Box _____		
City _____	State _____	Country _____
Zip or Pin Code _____		
Visa Requested (Check one) <input type="checkbox"/> Student (F) I-20 <input type="checkbox"/> Exchange Visitor (J) DS-2019		

Section II: Funding

How much money (in U.S. Dollars) will you have available while in the U.S. for each academic year (9 month period)?

1. PERSONAL FUNDS	\$ _____
2. FAMILY FUNDS	\$ _____
3. FUNDS FROM UNIVERSITY	\$ _____
4. FUNDS FROM INTERNATIONAL ORGANIZATION	\$ _____
NAME OF ORGANIZATION _____	
5. OTHER SOURCES OF FUNDING	\$ _____
NAME OF OTHER SOURCE(S) _____	
TOTAL SUPPORT AVAILABLE	\$ _____

This form must be accompanied by an original signed letter and/or bank certification from the listed source(s) above. (English translation required, with total amount available indicated in U.S. dollars)

Section III: Dependents (Optional)

List below all persons who will be financially dependent on you and will accompany you to the U.S. For each person listed below, please submit a copy of his or her passport and provide additional documentation verifying relationship (i.e., birth certificates for children, marriage certificate for spouse). Additional financial support for dependents must be submitted (\$1,000 for each child and \$2,000 for spouse). SEVP now has a City of Birth requirement for all dependents.

Name (Last, First)	Date of Birth	Relationship	City and Country of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read and carefully reviewed the estimated expense list provided with this form. I have made the necessary arrangements to meet all my expenses throughout my stay at the University. I certify that the information provided is true and correct. I fully understand that presentation of false information may make me ineligible for admission and enrollment at UL Lafayette.

APPLICANT SIGNATURE _____ **DATE** _____

RETURN TO: UL LAFAYETTE GRADUATE SCHOOL, P.O. Box 43716, Lafayette, LA 70504-4610

Revised 02-17-2020